

2649

PLACE OF DEATH

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO.

COUNTY REGISTERED NO.

ST. LOCAL REGISTRAR'S NO.

COUNTY NavajoDISTRICT No 8TOWN PinetopOR CITY Pinetop

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Collis Clyde Penrod

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR or RACE ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican ☒ SINGLE ☒ MARRIED ☐ WIDOWED ☐ or DIVORCEDDATE OF BIRTH April 26 1912
(Month) (Day) (Year)AGE 1 yrs 4 mos 7 days If less than 1 day, hrs., or min.OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).BIRTHPLACE (State or country) ArizonaNAME OF FATHER Albert A PenrodBIRTHPLACE OF FATHER (State or country) UtahMAIDEN NAME OF MOTHER Marintha A CalawayBIRTHPLACE OF MOTHER (State or country) Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marintha Penrod(Address) Pine topPLACE OF BURIAL OR REMOVAL Pine top ArizonaDATE OF BURIAL OR REMOVAL Sept 4 1913UNDERTAKER Pine top Arizona

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1913
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw him alive on 191 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows:

(Duration) yrs mos days

Was disease contracted in Arizona? NoIf not, where? No

CONTRIBUTORY (Duration) yrs mos days

(Signed) Albert Penrod M. D.(Address) 191

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death yrs mos ds. In Arizona yrs mos ds.

Former or Usual Residence

Filed 191 Albert Penrod Local RegistrarFiled 191 John Bayall County Registrar

Incorrect certificates will be returned for correction.